



**TEXAS**  
Health and Human  
Services

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION**

**Value-Based Payment and Quality Improvement  
Advisory Committee  
DRAFT Meeting Minutes  
Tuesday, April 18, 2017  
10:00 a.m.**

**Department of State Health Services  
Moreton Building Room 100  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78751**

**Table 1:** Value-Based Payment and Quality Improvement Advisory Committee member attendance at the Tuesday, April 18, 2017 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Berkowitz, Steven M., MD	X		Lee, Kathy	X	
Bose, Sarojini, MD	X		Parks, Angie	X	
Fullerton, Cliff, MD	X		Peterson, Mary Dale, MD	X	
Gandhi, Darshan, MD	X		Sowell, Vincent	P	
Ganduglia Cazaban, Cecilia, MD, PhD	X		Taylor Calhoun, Rose	X	
Garrett, Adam M.	X		Webster, David, MD	X	
Hardy-Decuir, Beverly, DNP	P		Kirsch, Lisa C. (Ex-Officio)	X	
Keller, Andy, PhD	X				

**Yes:** Indicates attended the meeting. **No:** Indicates did not attend the meeting. **P:** Indicates member participated by phone.

**Agenda Item 1: Welcome and Introductions**

The Value-Based Payment and Quality Improvement (VBPQI) Advisory Committee meeting convened at 10:00 a.m., with Committee Chair Dr. Steven Berkowitz welcoming participants to the meeting. Table 1 notes committee member attendance at the meeting; it was noted a quorum was present.

**Agenda Item 2: Update from the Chair of the Value-Based Payment and Quality Improvement Advisory Committee**

Dr. Berkowitz noted this was the third meeting of the VBPQI Advisory Committee, and that the meetings would move begin moving into strategic and operational activities.

**Agenda Item 3: Review and approval of meeting minutes from January 23, 2017**

Dr. Berkowitz referred members to the minutes from the January 23, 2017, meeting.

**Motion:**

Dr. Mary Dale Peterson moved to accept the January 23, 2017, meeting minutes with one correction. The motion was made and seconded. The minutes were unanimously approved by voice vote with no nays nor abstentions.

**Agenda Item 4: Ethics Presentation**

Mr. David A. Reisman, Chief Ethics Officer, HHSC, provided a detailed presentation on ethics, referencing the Power Point handout, "Ethics in Government: Ethics Overview for the Value-Based Payment and Quality Improvement Advisory Committee."

**Agenda Item 5: Presentation by Elena Marks of Episcopal Health Foundation**

Ms. Elena Marks, President and CEO, Episcopal Health Foundation (EHF), referred members to the Power Point handout in their packets, "Health Has A New Voice In Texas," and spoke to the EHF origin and mission; payment reform; "Pay for Success" opportunities; and, community-centered health homes initiatives. Highlights included:

- EHF focuses on five main areas of work: research; convening; community and congregational engagement; organizational and community capacity building; and, grant making.
- Social determinants of health screening tool, "PRAPARE," a nationally-standardized, EHR-embedded screening protocol that identifies patients' social needs.
- PRAPARE and systems change toward a value-based payments program for Federally Qualified Health Centers (FQHCs), with six identified goal areas developed by national experts.
- Community-Centered Health Homes, a model through which clinics use inquiry, analysis, and action to address community prevention and community conditions that impact health outcomes.
- Opportunities to collaborate with Medicaid, including incorporating social determinants of health into the Medicaid program;
- "Pay for Success" as a financing model to validate and scale innovation in Medicaid, and,
- EHF technical assistance available to the Medicaid office.

**Agenda Item 6: Staff Updates**

- b. Quality Monitoring Program and initiatives:** Long-term services and supports value-based programs. Ms. Michelle Dionne-Vahalik, Director, Quality Monitoring Programs and Initiatives, HHSC, referred to the handouts, "Music & Memory," and "One iPod at a time..." Ms. Dionne-Vahalik provided background on her program, noting it works mainly with nursing homes that are at-risk and uses best practices to help the nursing homes to get to minimum standards. Ms. Dionne-Vahalik advised that the program was charged with reviewing the overutilization of anti-psychotic drugs in nursing homes, and determined many nursing homes did not have the education and training around the issue. In 2015 the "Music & Memory" program was introduced to 400 residents in 32 nursing homes and monitored the usage of anti-psychotic drugs, which provided initial promising results. Ms. Dionne-Vahalik noted the program and study has received funding for expansion to 400 nursing homes, and that Apple has reached out to the program and is creating a tracking application.

Mr. Matt Ferrara, Director, Quality Oversight, HHSC, referenced the Power Point meeting handout and provided an update on the Centers for Medicare & Medicaid Services (CMS) "Affordable Health Communities Model" grant program that will test whether nonmedical services and supports can enhance medical services, and make a difference in improving health outcomes and reducing costs. Mr. Ferrara noted

there are three grant projects that will begin May 1, 2017, and the HHSC role will be coordination and data provision for CMS.

**a. Health Quality Institute: Research on other states' value-based initiatives.** Ms. Jackie, Zuniga, Health Quality Institute intern, HHSC, referenced the Power Point meeting handout and presented information on current value-based legislation and projects in other states, including:

- Washington (state) is promoting value-based contracts and other incentives that encourage Triple Aim.
- Colorado is increasing access to telehealth services and resolving reimbursement issues.
- Minnesota is focused on modifying health data sharing laws.
- The Oregon Health Information Technology Program is developing a provider directory; a clinical quality metrics registry; a credentialing program; and, an Electronic Health Records (EHR) system.

Ms. Zuniga also noted other states that have undertaken Medicaid Accountable Care Organizations (ACOs) initiatives, including:

- New Jersey legislation regarding access to revenue stream generated by "gainsharing," and, providing community health services to establish high standards of care and community engagement.
- Provider-led organizations in Massachusetts that may partner with managed care organizations (MCOs).

- c. Health Quality Institute: Healthcare Quality Plan.** Mr. Jimmy Blanton, Director, Health Quality Institute, HHSC, referenced the Power Point meeting handout, and advised the draft plan is progressing and a copy will be shared with members as soon as it is cleared for public release. Mr. Blanton noted the plan has six proposed priorities: 1. Keeping Texans healthy; 2. Providing the right care in the right place at the right time; 3. Keeping patients free from harm; 4. Promoting effective practices for chronic disease; 5. Supporting patients and families facing serious illness; and, 6. Attracting world class professionals. Mr. Blanton reported the plan is focused on the triple AIM; that it will be reviewed annually and used as a dashboard with measures to track progress; and that stakeholder input will be sought.
- Mr. Blanton noted the current member vacancy will be filled after the Texas legislative session ends, and noted that some members' terms will conclude on December 31, 2017; a membership review process will be followed to fill the vacancies, and members' input will be sought.
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#### **Agenda Item 7: Legislative Update**

Mr. Blanton provided a legislative update, and noted the Quality Institute is tracking bills in the following areas: health care quality; health literacy; value-based payment models; studies related to healthcare value; data analytics and transparency; and, Sunset legislation.

#### **Agenda Item 8: Facilitated Value-Based Payment and Quality Improvement Advisory Committee strategic planning exercise**

**a). Discussion of drafted mission and vision statements.** Ms. Francesca Kupper, Project Manager, Stakeholder Relations Office, HHSC, referenced the meeting Power Point handout, and reviewed the draft vision and mission developed using members' input from the January meeting.

Members amended the vision to read: The vision of the Value-Based Payment and Quality Improvement Advisory Committee is for Texans to achieve optimal value in health and well-being. Dr. Berkowitz called for a motion to amend the vision statement.

**Motion:**

Dr. Cliff Fullerton moved to amend the VBPQI Advisory Committee vision statement as discussed. Dr. Andy Keller seconded the motion. The motion to amend the vision statement was unanimously adopted by voice vote with no nays nor abstentions.

Following the motion to amend the vision statement, Dr. Berkowitz called for a motion to adopt the vision statement.

**Motion:**

The motion was made and seconded to adopt the VBPQI vision statement as amended. The vision statement was unanimously adopted as amended by voice vote with no nays nor abstentions.

Members discussed the draft mission statement, and determined to adopt it as drafted. Dr. Berkowitz called for a motion to adopt the draft mission statement.

**Motion:**

The motion was made and seconded to adopt the VBPQI mission statement as drafted. The mission statement was unanimously adopted by voice vote with no nays nor abstentions.

**b). Discussion on next steps for identifying values, goals, strategies, and timelines.** Ms. Kupper reviewed the definitions of values, goals, strategies and timelines to guide the members as they develop the VBPQI goals and strategies.

**Agenda Item 9: Committee discussion on initial priorities and work plan**

Mr. Blanton reviewed the Power Point handouts, "VBPQI Legislative Report Timeline (Proposed), "2018 Topic Selection, "Topic Selection: Possible Sources for Ideas, and, "Guidelines for Recommendations," proposing to members an operational process that included:

- The establishment of a temporary workgroup of five (5) to seven (7) members to work over the next three months generating information and topic options, for presentation and a vote at the August 2017 meeting. Subject matter experts (SMEs) would be identified to provide topical information as requested by the workgroup.
- Once topics are selected, topical workgroups will be formed at the August 2017 meeting to develop the report recommendations, with a target of presenting (some of) the recommendations at the November 2017 meeting for a vote.
- The Committee will finalize all recommendations and receive stakeholder feedback at the February 2018 meeting.
- The topical workgroups would begin drafting the legislative report, to present at the May 2018 meeting, after which the staff would work with Dr. Berkowitz to finalize the report, accept stakeholder feedback, and begin the process of HHSC review July 2018.
- Final report will be submitted to the Texas Legislature August 2018.

Dr. Berkowitz called for a motion to establish the temporary workgroup.

**Motion:**

Ms. Rose Taylor Calhoun moved to establish a workgroup to develop the committee's values, goals, strategies and timelines. Dr. Fullerton seconded the motion. The motion was unanimously adopted by voice vote with no nays nor abstentions.

**Agenda Item 10: Action items for staff or member follow-up**

Items for follow-up were identified throughout the course of the meeting.

**Agenda Item 11: Public Comment**

No public comment was offered.

**Agenda Item 12: Adjourn**

Dr. Berkowitz thanked meeting participants, and adjourned the meeting at 2:08 p.m.

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